Introduction

Recent changes in service provision within the NHS, UK have driven a need for Clinical Psychologists to review current approaches to mental health and to a need to consider more consultative ways of working (Department of Health, 2007). Consultation involves working with individual staff or teams to think about and discuss the work they are doing with specific individuals. It can often involve developing or sharing individual client formulations with teams or offering a therapeutic, supportive space for clinical reflection (Robson & Quayle, 2009). Within many professions consultation is viewed as an efficient way to use resources as, for example, in clinical psychology it enables all clients to have access to psychologically-informed person-centred care. It has also been shown to improve team efficiency (Lake, 2008).

There is some research that supports the use of consultation where a formulation is shared or developed.Summers (2006) found that formulation consultation sessions for staff working with clients with severe mental health problems increased team working, increased staff confidence and perceived enhanced relationships between staff and patient. Lake (2008) and Hewitt (2008) both observed that regular formulation consultation with staff in an adult mental health setting raised psychological awareness within the team, and improved staff relationships with clients who they had previously found challenging to work with. Whilst, Carridice (2004) and Kerr (1999) evidenced how sharing and developing Cognitive Analytical Therapy formulations with team members can better enable them to understand their own interactions (both adaptive and maladaptive) with clients. Mattan & Isherwood (2009) found that staff working in learning disability and mental health settings found

consultation most useful when they were ‘stuck’ with a client, and to manage difficult feelings associated with caring for clients.

Psychological input on Inpatient Units

Due to their, 24-hour care remit mental health inpatient services may particularly benefit from psychological consultation. Within these settings the pressure to improve person centred practice has been particularly pronounced, and calls have been made to improve the daily experiences and treatment of client (Star Wards, 2006). Developing formulations in consultation with staff may help services to achieve the required standards, given that they are inherently person-centred in nature (Butler, 2006).

In addition, there may be more barriers that prevent teams from working efficiently in inpatient settings. For example, low staffing resources and the rotational nature of shifts may hamper effective communication between team members (Robson & Quayle, 2009). Staff may also be at high risk of burnout (Richards et al., 2006) and many do not feel supported in their role for caring for clients with complex needs (Department of Health 2007). Adshead (1998) suggested that distressing feelings invoked by complex clients can lead to burn out if they are hidden and suppressed. Research indicates that staff burnout is also an issue within dementia care (Duffy, Oyebode, & Allen, 2009).

Clinical psychology consultation may therefore be useful for inpatient staff groups as it may enable them to increase their team efficiency, manage distressing feelings invoked by clients and reduce staff burnout. This has the potential to improve the care they offer to clients, both on a day to day basis and in the long term.

In this respect, a small body of literature supports the use of formulation consultation sessions within inpatient settings. Kennedy, Smalley and Harris (2003)

found that sharing psychological formulations with staff allowed them to think about clients' difficulties in new ways which helped them to move forward, providing a systemic intervention in itself. Robson and Quayle (2009) found sharing a formulation decreased feelings of frustration among staff, facilitated a more holistic view of the client's difficulties, increased empathy and provided additional ideas about ways forward with the client.

Dexter-Smith (2007) delivered psychological training and formulation consultation to multidisciplinary team members of an older people's mental health service and long-term follow-up (Dexter-Smith, Hopper & Sharpe, 2010) showed that most staff viewed the training on formulation as positive. A separate study reported that formulation consultation sessions helped staff to understand individual clients better; this knowledge often impacted on care planning; and the sessions enabled staff to think in more detail about how they might work with clients in a more psychologically minded manner (Craven-Staines, Dexter-Smith, & Li, 2010).

Despite the small but growing number of studies supporting consultation within mental health settings, no studies appear to have examined the effect of psychological input within dementia care.

Limitations of the Current Literature Base

Initial research indicates that formulation consultation can be useful for multidisciplinary teams. However ,given the shortage of studies across specialities and the limited research designs implemented, this conclusion can only be regarded as preliminary.

Furthermore, most of the studies do not examine at the level at which formulation consultation creates change. Within mental health, research suggests that staff satisfaction and gain in knowledge is often high following psychological training

(e.g. Brooker & Babban, 2004). However, transfer of skills to practice occurs much less frequently (Fadden, 1997; Jahr, 1998; Johnson et al., 2010; Milne & Roberts, 2002).

The current literature base also gives little indication of the processes that enable change to occur. It is important that such processes are understood, as they will enable clinical psychologists delivering consultation to maximise impacts.

It appears that consultation is becoming an increasingly popular form of psychological input to use when working within teams. Varying models of consultation seem to be employed by clinical psychologists. However, it is vital that further research is examined, in order to find out how they can be delivered most effectively within the limited resources available.

The Current Study

This study aims to identify the perceptions of clinical psychology consultation in inpatient staff working in two older adult inpatient units' in the UK. The study will specifically examine the extent to which one model of consultation; formulation consultation sessions, have impacted on staff practice.

Method

Participants

Potential participants were staff on two older adult inpatient units that had received clinical psychology training and consultation. The inpatient units catered for clients with mental health difficulties and organic difficulties (most commonly dementia) respectively.

The approach of psychological input was based on a model developed by Dexter-Smith (2007). It comprised of a three-day psychological training package that focussed on (i) an introduction to clinical skills (ii) formulation and cognitive

behaviour therapy (iii) formulation and behaviour within dementia care. Weekly formulation consultation sessions for individual clients were facilitated by the clinical psychologist. These were mainly cognitive-behavioural, although other models were drawn upon (E.g. Cognitive Analytic Therapy to reflect reciprocal relationships between staff and clients. Each client within the service had a consultation session shortly after admission. Staff from a range of disciplines across the team brought their assessment material in order to create a shared formulation for the client. Although psychological input was wider, consultation sessions will be the focus of this study.

Staff comprised of mental health nurses, nursing assistants and occupational therapy technicians. Participants were required to have completed the three-day training course and have attended at least one individual client formulation session, both delivered by the clinical psychologist. Ward managers were excluded due to the part they played in recruitment. The formulation session was to be attended at least two months prior to interview, in order to give adequate time for staff to reflect and put potential changes to practice into place. Ten participants were recruited from a pool of approximately thirty. Eight participants were recruited from the mental health ward and two from the organic ward, from a range of professions.

Procedure

NHS ethical approval for the project was obtained. Potential participants were then given information about the research project during shift handover meetings, and those interested in participating then contacted the researcher directly. One interview was conducted and audio recorded with each participant, ranging from 30 to 70 minutes. Participants were interviewed using a semi-structured interview schedule.

Analysis

Data was analysed using thematic analysis. Thematic analysis has been recommended as a good method of analysis to explore the usefulness of training programmes in particular, as it allows for in-depth analysis of participants' views (Thompson et al., 2008).

Themes were identified using a six stage process proposed by Braun and Clarke (2006). Data transcripts were read and re-read, with any ideas noted down. Initial codes were then generated systematically across the entire data set. Codes were collated into potential themes, which were reviewed and checked to ascertain whether they fit with both the initial codes and the data set as a whole. Themes then were more clearly refined and explicitly named.

Results

Participants gave a wide range of views on psychological input and ways in which it has impacted on their daily practice. These views were organised into five overarching themes:

(1) "It makes you understand the reasons why people are like they are".

(2) "It depends on the patient or service user"

(3) "It's here now. You can touch it now": The importance of visibility and accessibility

(4) Impact of on team efficiency

(5) Impact on feelings invoked by the workplace

"It makes you understand the reasons why people are like they are"

This theme reflects participants' views about how psychological input has enabled them to better view clients in the context of their lives and past history, which helped them to be more empathic and supporting in their care.

Participants reported an increased understanding of psychological processes from both training and consultation sessions. These were best understood when participants applied it to their own lives: “Its like “oh flipping heck, yeah, I’m like that”. You know and you start to link in. we’re all the same really. We’re all programmed the same.” (participant 6).

Participants reported that consultation sessions then enabled them to gain a better understanding of client’s history, which increased their empathy. It allowed participants to see that their clients’ difficulties could happen to anyone: “Cos you think at the end of the day how would I have been if I’d have been in her situation?” (participant 3). Putting themselves in the client’s shoes then helped some participants ‘step back’ from the current situation and think about the underlying reasons why the client may present in a certain way. ‘Stepping back’ also enabled participants to better identify and avoid potential ‘ruptures’ to their relationships with clients: “It stops me straying into sensitive areas, blundering in through lack of knowledge” (participant 1).

A number of participants who worked on the mental health ward found that a psychological approach helped them to better manage challenging behaviour. Some participants described modifying their approach with clients in response to understanding the underlying motivations for the behaviour: “We had to manage him so we weren’t perceived as a threat to him. And that’s why we had these boundaries. So he, to make him feel safe” (participant 2).

“It Depends on the Client or Service User”

This theme reflects the view that formulation sessions were more useful for some clients over others.

Throughout the interviews the participants gave various examples of when a consultation session had been useful. Most examples were of clients with especially

complex difficulties and presentations. Fewer examples of useful consultation sessions were given for clients whom staff found easier to relate to and easier to manage. This may indicate that staff found psychological input most useful when they were feeling particularly 'stuck' with a client.

There was an indication that psychological approaches were not as useful to staff when biological factors were clearly implicated in clients' current presentation. The most notable example of this was dementia. One participant working on the dementia unit commented; "Anything could trigger 'em off. Noise can trigger 'em off. You know, but they might have worked in a factory where it's noisy but noise can trigger 'em off on our ward" (participant 10). Where participants do not believe that psychological or social factors are implicated in a clients' presentation; there is likely to be a belief that psychological approaches are less useful in practice.

Similar views were held by some participants on the mental health unit; "I think one of the problems with the formulations are they don't take into account physical health whatsoever really. Cos people can be quite unwell when they're physically unwell. Quite mentally unwell. It seems to ignore that completely" (participant 8). There are two potential interpretations for this. It may be that although participants were more aware of psychological factors that may influence clients' current presentation, consultation may not have developed an understanding of how these interact with biological processes. Therefore where a physical cause is implicated they may not see the benefit of psychological input in terms of understanding the interactions between these factors.

Alternatively, it may be the case that the consultation sessions did not place a sufficient amount of emphasis at times on the interactions between biological and psychological factors, focussing mainly on the latter.

The Impact of Psychology on Feelings Invoked by the Workplace

This theme relates to the impact that psychology input had on the feelings invoked by individual clients and general job satisfaction levels, both positively and negatively.

Throughout the interviews there was reference to the fact that working with clients could elicit difficult feelings for staff such as fear, frustration, burnout isolation and anger. The introduction of consultation enabled staff to better acknowledge the fact that they had difficult feelings, and that these could be tolerated: "When you're with somebody (…) it's very difficult to keep a lid on it, we're all human beings. And that's what [psychologist] actually taught me; it was ok to feel like that" (participant 6).

Consultation also seems to have impacted on their feelings about their job in general. Active involvement in consultation sessions may have increased staffs' feeling of value and power. For nursing assistants active involvement gave them a voice to be heard: "We as NAs [nursing assistants] on our ward, we don't do care plans or we don't do, and card indexes towards the end of shift. So we don't have chance to share that information in the way we do with formulation [consultation sessions]" (participant 7). This could then be translated to practice outside the formulation session. They felt more confident to gather further information about a client or put recommendations into practice, and talk to other higher ranking professionals about clients.

However, there were indications that consultation sessions on the dementia ward may have left staff feeling less valued: "I know I'm not a psychologist, but you know, I do talk to the patients and I do find out where they live, where they've worked" (participant 10).

In contrast, the introduction of a psychologist seemed to make other staff feel more valued on a service level, which again may have promoted job satisfaction:

> "A lot of recent legislation has all gone into care for other illnesses, schizophrenia, manic depression and this that and the other. And only personal opinion but I think dementia's sort of been put to one side. And really, and not only that it's got a lot of bad press as well. You know with abuse and stuff like that on the TV(…) And so yeah it brought, I was eventually glad to see this new impetus put in place and have a good impact." (Participant 9)

"It's Here Now. You Can Touch it Now": The Importance of Visibility and Accessibility

This theme reflects the view that an important factor in the process of staff adopting a psychological approach was its visibility and accessibility. Visibility enabled staff to begin a process of change in relation to working more psychologically. This can be understood within the transtheoretical model of change (Prochaska & DiClemente, 1980). The model states that change can be understood as a process of stages; pre-contemplational; contemplational; preparation; action; maintenance; and termination.

Participants could be described as being at the pre-contemplative stage prior to the introduction of psychological input. Participants' views of clinical psychology were of a separate entity to the ward; unknown and unspoken. They therefore did not contemplate that it could be a useful approach: "Initially we were a bit sceptical, because our patients are so cognitively impaired it's just a nursing, a clinical nursing process, and maybe not any reason for any psychology input" (participant 9).

As psychology input continued, participants' awareness of psychology and psychological approaches increased: "When somebody's there I think it makes you

more aware that that's what they do. Whereas when they're not, nobody's there it's just sort of left" (participant 3). The visibility of psychology acted as a constant reminder of the approach and what it entailed.

Participants then moved into a contemplative stage of change where they began thinking about how they might be able to use it in their practice. Having a psychologist working in their surrounding as part of their team made staff feel more accepting and open: "It was just them being there that; "Yeah alright then I'll, you know, I'll have a go"" (participant 3). This enabled them to start changing the way they worked within a safe, supportive environment. Changes could then be maintained:

> If you've got any queries, say a formulation's been done and you wanna ask about it she's there to ask, you don't have to ring round and try to get hold of her, or not bother getting information. She's there, she's accessible. (Participant 2)

Impact of Psychological Input on Team Efficiency

This theme reflects participants' views on the impact that psychology input has had on the efficiency of their team. It helped overcome barriers that often get in the way of effective team working, to a certain extent.

Throughout the interviews many references were made to the lack of time on inpatient units. The formulation sessions acted as a counter to this; they increased the time staff had to work together: "There's probably more information coming together than has probably ever happened before, you know, in that session. It's just like a nucleus" (participant 1).

Increased time for communication about clients within and outside the session resulted in the team delivering more consistent care to clients, as they had discussed

as a team how best to manage a client. This was particularly valued when staff worked with clients with complex presentations or needs: “We devised a formula where, and well, a plan where we all give the right, the same answers. There was continuity all the time, before we didn’t have continuity” (participant 6).

However, the extent that effective team working was improved was limited. Staff shortages, a lack of safeguarded time and the prioritisation of other duties prevented team from getting the most out of psychological input, as consultation sessions were regarded by staff as time consuming. This could cause some friction over whether psychology or other ward duties were prioritised: “When the ward’s really busy and people are going into psychology sessions, I think it’s sort of sometimes hard for people to understand, some people, that it’s beneficial. When you could do with a man on the floor” (participant 5).

A shortage of time also acted as a barrier to putting psychological practices into place with clients when staff had not attended the session. Some participants did not feel that they had time to find out about a consultation session that they had not attended. Furthermore, consultation sessions were time-limited and rarely followed up for the majority of clients; “you don’t get the time to talk about like, “what were the outcome for that patient?” because you’ve moved onto somebody else” (participant 4).

Consultation sessions also seemed to improve cohesiveness within the wider care team. Thinking more psychologically about clients’ presentations enabled them to develop care plans that placed more emphasis on successful discharge:

> We’ve had that where people may come in a couple of times over a relatively short period. It always seems to be linked, looking back, the problems seem to

have started as soon of they've been discharged on the ward. It can help put things in place to, so they can cope at home. (Participant 8)

Preparing for endings in such a manner may have been particularly important for those clients with a history of abandonment and rejection. Participants thought that this might have reduced 'revolving-door' readmissions to the ward.

Participants on the dementia unit also thought that time constraints prevented them from accessing psychological input and consultation. Staff nurses seemed especially likely to be prevented from getting involved with psychological input. This may have brought up another issue in itself: "It used to be the same people that had to go in the meetings every t…I used to think, "well why can't it be someone else?" You know, but nobody else had wanted to go in" (participant 10). It may be the case that psychological input put a spotlight on pre-existing power differences between staff of different bandings. The fact that staff nurses were more constrained by ward duties and perhaps didn't value psychology may have resulted in nursing assistants always attending instead. It is possible that highlighting their position of power on the ward may have created some friction between staff and psychology input.

Discussion

The aim of this study was to examine the extent to which psychological input has impacted on staffs' daily work and the processes that have enabled this. Five main themes were identified in relation to these aims, which suggest that consultation enabled staff to understand clients more within the context of their lives, which led to improved relationships and more supportive care. The extent to which consultation impacted on staffs' practice depended on the client in part; two important factors appeared to be complexity and functional versus organic presentation. Consultation

also impacted on staffs' own feelings, both in general and in relation to specific clients.. Visibility and accessibility were key components required for staff to begin to use and maintain the use of psychological approaches. Consultation also improved the effectiveness of the mental health team, however various factors seemed to mediate the degree of this.

The findings suggest that on the mental health ward staff were satisfied with the consultation, increased their knowledge and skills and were able to transfer these into their practice in a number of ways. Conversely, staff on the dementia wardseemed unsatisfied by consultation sessions, and did not feel they gained useful knowledge from them that they could put into practice. Some other psychological inputs such as the introductory training, introduction of personal profile sheets, and a reminiscence group were regarded as more satisfactory. However, changes to practice were still limited. Findings from participants based on this ward should be interpreted with caution given the small number of participants.

An important process in gaining and applying knowledge in psychological approaches was the active involvement in psychological input. This enabled staff to begin a process of change in relation to applying psychologically-infomed care. Current research in education suggests that learning new knowledge and approaches are most effective when the learner is actively involved in authentic situations where the approach can be applied (e.g. Leao, Machado, Pereira, Paulo, & Teixeira, 2008). The visibility and accessibility of the approach enabled staff to maintain these changes. This is in line with previous research that indicates available and continued support is required in order to implement psychological skills (e.g. Mannix, 2006).

The results add further support to previous findings that consultation sessions enabled staff on the mental health unit to develop a more holistic view of the clients

they worked with; they were better able to understand the clients' experiences from their point of view, and offer more supportive care (Carradice, 2004; Dexter-Smith, et al., 2010; Kerr, 1999; Lake, 2008; Robson & Quayle, 2009). There was evidence that some staff felt closer and more similar to clients than previously.

Findings from the dementia ward are less positive in relation to this. No participants directly reported developing a more holistic view as a result of consultation sessions (although one did report this in relation to the introduction of personal profiles). The content and language within interviews with staff on this ward seemed to indicate that a 'us and them' approach still exists, where clients are regarded as categorically 'different' to staff. This is akin to Kitwood's (1997) suggestion of people with dementia as 'dehumanised' within the care system.

The findings of this study suggest that on the mental health ward, psychology input may have impacted on staffs' practice most when they were working with particularly complex clients. Research suggests that clients who staff find most difficult to engage are more likely to have attachment difficulties, and that maladaptive patterns of interacting may come into play when relating to professionals (Goodwin, 2003; Walker, 2008). Such patterns can play themselves out with psychiatric staff when in inpatient settings (Adshead, 1998; Schuengel & Ijzendoorn, 2001).

The research base suggests that this challenge can be managed by nursing staff finding more adaptive ways to connect with clients and providing more consistent responses, in order to improve relationships and contain or reduce clients' anxieties (Adshead, 1998; Cookman, 2005). On the mental health ward staff seemed to spend more time being with and talking to client after psychological consultation. They also worked more consistently with clients following consultation sessions, which enabled

them to better contain some clients' difficult feelings. Consistency also improved within the wider care team: Graded discharges were planned with individuals who may have had an attachment history of abandonment, rejection or loss. An increased emphasis on endings is particularly important with such clients, as there is a danger that discharge could be perceived as another abandonment or rejection. Where managed sensitively endings can instead give the person a sense that endings are not always traumatic, which may be therapeutic in itself (Mitchell, Kemp, Benito-León, & Reuber, 2010).

Despite such positive findings on the functional ward, The findings of this study seem to suggest that psychological approaches are viewed as less useful when there are underlying biological impairments such as dementia. This may have been linked to the way in which dementia was conceptualised by staff. Dementia has more recently been conceptualised within a bio-psycho-social framework (Kitwood, 1993; Spector & Orrell, 2010) suggests an ongoing interaction between psychological, social and neurobiological factors. Nonetheless, dementia continues to be conceptualised within a medical framework by many professionals, where behaviour is down to the condition itself (Spector & Orrell, 2010). If staff conceptualise dementia within a medical framework they are unlikely to see the benefit in adopting a psychological approach. This may explain in part why psychological input resulted in less satisfaction, more limited knowledge gains, and a smaller impact on practice for staff on the dementia ward.

Comment [i1]: Keep your terminology consistent – is this the dementia ward you mention above?

Consultation sessions seemed to positively impact on team efficiency on the mental health ward. Fay, Borril, Haward and West (2006) found four variables created effective team working; team members being committed to the same cause; everyone in the team being listened to; the team reflecting on its effectiveness; and

there being plenty of contact between team members. On the mental health unit consultation sessions increased contact between staff members; gave staff members increased opportunities to feel listened to, particularly those in unqualified positions; and created opportunities for the ward and the wider care team to reflect on its effectiveness, which is likely to increase its efficiency.

Within the dementia unit psychological input had a different effect on these four processes. Although it is likely that all staff were committed to delivering the best care to clients, the results suggest that significant differences of perception in how this could happen existed; whether staff used a medical model or bio-psycho-social model to understand how dementia should best be treated and managed. Secondly, due to significant time and workload barriers it was not as possible to increase contact between all team members through psychological input. This may have also reduced opportunities to work as a team and reflect on the progress made. Thirdly, it may be the case that psychological input did not give staff members a voice to be heard within the team. It appears that some staff members believed that psychological or consultative approaches were not useful to them in their daily practice. However, they seemed to have little choice in their involvement.

Limitations and future research

Perhaps the most notable limitation is that only two participants were recruited from the organic ward. This may have been reflective of the staff teams' engagement with psychological approaches as a whole. Increased numbers of participants would have enabled a fuller picture of staffs' views on clinical psychology consultation. Findings and interpretations regarding the psychological input on this ward are therefore tentative.

Comment [i2]: Yet another name for this ward - I think you need to pick one and stick to it.

Future research may wish to examine the views of staff receiving clinical psychology consultation in dementia inpatient units specifically, in order to further ascertain whether the findings and interpretations in this study are representative of the wider population.

Further quantitative research could examine whether consultation improves client outcomes, for example, by comparing readmission rates or numbers of incidents prior to and post-admission.

Recommendations

- When planning the delivery of psychological input, it may be useful to maximise the visibility and availability of psychology on the ward. This seems a key component that enables staff to use psychological approaches in their practice.
- When training in psychological concepts, maximise the potential for staff to relate the concepts to themselves; this may increase their understanding and make them feel more similar to clients.
- Consultation should aim to increase contact between staff, both within and outwith sessions; enable staff to be listened to; and give adequate time for reflection on progress with individual clients. This is likely to improve team efficiency.
- Time to follow up outcome of consultation sessions is important.
- Clinical psychologists should also try and identify potential implicit power dynamics within teams. Inputs should be tailored to ensure that they do not place a spotlight on such dynamics, or inadvertently become involved in them.

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